

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1995 MAR -2 PH 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04205 (3)
1. Corporation Name
APOSTOLIC HOUSE OF PRAYER, INCORPORATED

Principal Place of Business
***MARY LEE MOORE
1032 N. WALKER AVE.
LAKELAND FL 33806-4276**

Mailing Address
***MARY LEE MOORE
1032 N. WALKER AVE.
LAKELAND FL 33806-4276**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/12/1984	3a. Date of Last Report 01/25/1994
4. FEI Number 59-2869909	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	26	22	27
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
23	28	24	29
Zip	Zip	Country	Country

9. Name and Address of Current Registered Agent
**MOORE, MARY LEE
1032 N. WALKER AVE.
LAKELAND FL 33801**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	DATE	
PD	MOORE, MARY LEE 1032 N. WALKER AVE. LAKELAND FL 33805		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VCD	MOORE, ENORRIS 1247 PROVIDENCE RD. LAKELAND FL 33805		<input type="checkbox"/> Change <input type="checkbox"/> Addition
M	WARD, MARY LIZZIE 1032 N. WALKER AVE. LAKELAND FL 33805		<input type="checkbox"/> Change <input type="checkbox"/> Addition
M	DAVIS, STEVE 1032 N. WALKER AVE. LAKELAND FL 33805		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MTD	BROWN, ROSETTA 1009 MADISON AVE. LAKELAND FL 33805		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARY LEE MOORE, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary Lee Moore

2-25-06
2-2-95